

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

ADDRESS (number and street)

4246 CHAIN BRIDGE RD

☐Check if different  
than previously  
reported. (ACC)

FAIRFAX

VA

22030

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00277335

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael Rumberg

Signature of Treasurer

Electronically Filed by Michael Rumberg

Date

10

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**  
Transaction ID :

Expenses are for state campaigns/candidates and are not related to any federal candidate.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 26

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">2009</span>		12446.66
(b) Cash on Hand at Beginning of Reporting Period .....	19740.50	
(c) Total Receipts (from Line 19) .....	11850.00	91047.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31590.50	103494.15
7. Total Disbursements (from Line 31) .....	16706.22	88609.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	14884.28	14884.28
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 26

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6550.00	34457.00
(ii) Unitemized .....	2530.00	47020.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9080.00	81477.49
(b) Political Party Committees .....	2420.00	2420.00
(c) Other Political Committees (such as PACs) .....	350.00	7150.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11850.00	91047.49
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11850.00	91047.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11850.00	91047.49

## DETAILED SUMMARY PAGE

of Disbursements

5 / 26

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	13956.22	82604.99	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	13956.22	82604.99	
22. Transfers to Affiliated/Other Party Committees.....	0.00	1254.88	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	200.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	2500.00	2500.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	2500.00	2700.00	
29. Other Disbursements.....	250.00	250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	300.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	300.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16706.22	88609.87	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16706.22	88609.87	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 26

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11850.00	91047.49
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9350.00	88347.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13956.22	82604.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13956.22	82604.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

**A.**

Full Name (Last, First, Middle Initial)

Irene V Farquhar

Mailing Address 9007 Parliament Dr

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Mathmatician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.12084

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mariane Horinko

Mailing Address 4710 Benjamin Cross Ct

City

Chantilly

State

VA

Zip Code

20151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Horinko Group

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.12177

Amount of Each Receipt this Period

5000.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Frederick E. Johnston, III

Mailing Address 9708 Rambling Ridge Court

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12207

Amount of Each Receipt this Period

500.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

**A.**

Full Name (Last, First, Middle Initial)

Barry Kann

Mailing Address 2612 Claxton Dr

City

Herndon

State

VA

Zip Code

20171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.12075

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce F. Kemp

Mailing Address 5343

Chalkstone Way

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senate of VA

Occupation

Legislative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.12202

Amount of Each Receipt this Period

500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce F. Kemp

Mailing Address 5343

Chalkstone Way

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senate of VA

Occupation

Legislative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.12203

Amount of Each Receipt this Period

50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

**A.**

Full Name (Last, First, Middle Initial)

LobbyDC.com LLC

Mailing Address 1099 New York Avenue, NW # 625

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11AI.12169

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

William J. Madden

Mailing Address 1465 Hampton Ridge Dr

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winston & StrawnOccupation  
Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11AI.12184

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

6550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

**A.**

Full Name (Last, First, Middle Initial)  
8TH DISTRICT REPUBLICAN COMMITTEE (VA)

Mailing Address PO Box 26141  
B2

City State Zip Code  
Alexandria VA 22313

FEC ID number of contributing  
federal political committee.

**C** C00043919

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11B.12199

Amount of Each Receipt this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
REPUBLICAN PARTY OF VIRGINIA INC

Mailing Address 115 EAST GRACE STREET

City State Zip Code  
RICHMOND VA 23219

FEC ID number of contributing  
federal political committee.

**C** C00001305

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11B.12173

Amount of Each Receipt this Period

420.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2420.00

**TOTAL** This Period (last page this line number only) .....

2420.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

**A.**

Full Name (Last, First, Middle Initial)  
Korean American Republicans of VA Cmte

Mailing Address 11060 Lee Highway

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11C.12197

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mount Vernon Republican Women

Mailing Address 9513 Mount Vernon Landing

City State Zip Code  
Alexandria VA 22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11C.12206

Amount of Each Receipt this Period

250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

350.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1279	<b>Transaction ID:</b> SB21B.12103 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 9</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement see memo items Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>608.77</div> <div>001 Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1279	<b>Transaction ID:</b> SB21B.12106 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 9</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement merchant fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>8.98</div> <div>001 Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1279	<b>Transaction ID:</b> SB21B.12058 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 9</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement see memo items Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1396.13</div> <div>001 Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2013.88**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B.11977 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 25118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	0	9												
City Tampa State FL Zip Code 33622	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank service charge Candidate Name	<table border="1"> <tr> <td colspan="10">13.00</td> </tr> </table>	13.00																			
13.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Coldstone Creamery	<b>Transaction ID:</b> SB21B.12056 <b>Date of Disbursement</b>																				
Mailing Address 5705 BURKE CENTRE PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Burke State VA Zip Code 22015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement ice cream Candidate Name	<table border="1"> <tr> <td colspan="10">35.69</td> </tr> </table>	35.69																			
35.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Constant Conact	<b>Transaction ID:</b> SB21B.12055 <b>Date of Disbursement</b>																				
Mailing Address 1601 Trapelo Road #329	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Waltham State MA Zip Code 02451	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement advertising Candidate Name	<table border="1"> <tr> <td colspan="10">29.10</td> </tr> </table>	29.10																			
29.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

13.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

Costco

Mailing Address 4725 W Ox Road

City  
Fairfax

State  
VA

Zip Code  
22033

Purpose of Disbursement  
office supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12045

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

171.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Costco

Mailing Address 4725 W Ox Road

City  
Fairfax

State  
VA

Zip Code  
22033

Purpose of Disbursement  
office supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12046

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

18.88

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Costco

Mailing Address 4725 W Ox Road

City  
Fairfax

State  
VA

Zip Code  
22033

Purpose of Disbursement  
office supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12048

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

10.91

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<b>A.</b> Full Name (Last, First, Middle Initial) Cox Communications Inc	<b>Transaction ID:</b> SB21B.12032 <b>Date of Disbursement</b>																				
Mailing Address 4246 Chain Bridge Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Fairfax State VA Zip Code 22033	Amount of Each Disbursement this Period																				
Purpose of Disbursement telephone/internet	<table border="1"> <tr> <td>306.70</td> </tr> </table>	306.70																			
306.70																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DeLage Landen Financial Services	<b>Transaction ID:</b> SB21B.12111 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 41601	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	9												
City Philadelphia State PA Zip Code 19101	Amount of Each Disbursement this Period																				
Purpose of Disbursement equipment lease	<table border="1"> <tr> <td>694.27</td> </tr> </table>	694.27																			
694.27																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dominion Virginia Power	<b>Transaction ID:</b> SB21B.12101 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 26543	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
City Richmond State VA Zip Code 23290	Amount of Each Disbursement this Period																				
Purpose of Disbursement utility	<table border="1"> <tr> <td>276.96</td> </tr> </table>	276.96																			
276.96																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**971.23**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

Dominion Virginia Power

Mailing Address P.O. Box 26543

City  
Richmond

State  
VA

Zip Code  
23290

Purpose of Disbursement  
utility

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12102

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

189.70

B.

Full Name (Last, First, Middle Initial)

Executive Press

Mailing Address Main Street

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
printing - non federal campaigning materials

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12108

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1065.36

C.

Full Name (Last, First, Middle Initial)

Executive Press

Mailing Address Main Street

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
printing - non federal related

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12115

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

3136.84

SUBTOTAL of Disbursements This Page (optional) .....

4391.90

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

Fairfax Professional Village

Mailing Address 4240 Chain Bridge Road

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
condo fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12109

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

264.18

B.

Full Name (Last, First, Middle Initial)

Maid Brigade

Mailing Address 4813 EISENHOWER AVE # A

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
cleaning service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12038

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

210.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Main St Royal Gas

Mailing Address 6015 MARILYN DR

City State Zip Code  
Alexandria VA 22310

Purpose of Disbursement  
gas

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12036

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

7.84

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

264.18

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

Seamus Owens

Mailing Address 4246 Chain Bridge Rd

City  
Fairfax

State  
VA

Zip Code  
22033

Purpose of Disbursement  
salary

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12113

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Pomodoro Pasta Restaurant

Mailing Address 12152 FAIRFAX TOWNE CENTER

City  
Fairfax

State  
VA

Zip Code  
22033

Purpose of Disbursement  
food for volunteers

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12051

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

118.13

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Red Wired and Blue

Mailing Address 4246 Chain Bridge Rd

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
website development

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12117

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) .....

2750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway Stores	<b>Transaction ID:</b> SB21B.12030 <b>Date of Disbursement</b>																				
Mailing Address Chain Bridge Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period																				
Purpose of Disbursement food for volunteers	<table border="1"> <tr> <td>79.23</td> </tr> </table>	79.23																			
79.23																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Safeway Stores	<b>Transaction ID:</b> SB21B.12035 <b>Date of Disbursement</b>																				
Mailing Address Chain Bridge Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies	<table border="1"> <tr> <td>2.24</td> </tr> </table>	2.24																			
2.24																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Safeway Stores	<b>Transaction ID:</b> SB21B.12042 <b>Date of Disbursement</b>																				
Mailing Address Chain Bridge Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies	<table border="1"> <tr> <td>9.96</td> </tr> </table>	9.96																			
9.96																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Safeway Stores</p> <p>Mailing Address Chain Bridge Rd</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement food for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12054</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>34.29</div> </div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 9470 Arlington Blvd</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12041</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>23.08</div> </div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 9470 Arlington Blvd</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12043</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>23.08</div> </div> </p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

<b>A.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> SB21B.12044 <b>Date of Disbursement</b>																				
Mailing Address 9470 Arlington Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">11.54</td> </tr> </table>	11.54																			
11.54																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]	[MEMO ITEM]																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> SB21B.12053 <b>Date of Disbursement</b>																				
Mailing Address 9470 Arlington Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies Candidate Name	<table border="1"> <tr> <td colspan="10">42.58</td> </tr> </table>	42.58																			
42.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]	[MEMO ITEM]																				
<b>C.</b> Full Name (Last, First, Middle Initial) Tele-town Hall	<b>Transaction ID:</b> SB21B.12116 <b>Date of Disbursement</b>																				
Mailing Address 5101 MacArthur Blvd NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement town hall meeting expense Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 10660 Page Street

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
postage

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12031

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

132.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 10660 Page Street

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
postage - non federal campaign materials

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12110

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

1147.06

C.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 10660 Page Street

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
postage

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12112

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

58.40

SUBTOTAL of Disbursements This Page (optional) .....

1205.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

VA Alcoholic Beverage Control

Mailing Address 2901 HERMITAGE RD

City  
Richmond

State  
VA

Zip Code  
23220

Purpose of Disbursement  
ABC permit for event

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12049

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2009

Amount of Each Disbursement this Period

55.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

13859.65



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

FIMIAN FOR CONGRESS 2010 (FIMIAN 2010)

Mailing Address PO BOX 3131

City  
OAKTON

State  
VA

Zip Code  
22124

Purpose of Disbursement  
refund of contribution

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28C.12107

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

2500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

A.

Full Name (Last, First, Middle Initial)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Mailing Address 4246 CHAIN BRIDGE RD

City  
FAIRFAX

State  
VA

Zip Code  
22030

Purpose of Disbursement  
transfer to non-federal acct of LobbyDC contribution

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.12171

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

250.00